



05-12-04

IPW /

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Altman et al	*	
Serial No.	10/782,465	*	
Filed:	February 19, 2004	*	Art Unit: (to be assigned)
For:	FLY ASH TREATMENT BY IN SITU OZONE GENERATION	*	Examiner: (to be assigned)
		*	

PRELIMINARY AMENDMENT
UNDER 37 C.F.R. § 1.115

To the Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

Dear Sir:

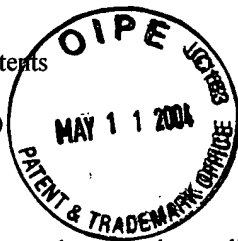
It is requested that the claims appearing on the following pages be entered into this application. The request is being made within three months of the filing of this application (MPEP 714.03(a)).

05/13/2004 EAREGAY1 00000051 10782465

01 FC:1201

258.00 DP

To the Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450



Dear Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Altman et al

Serial No.: 10/782,465

Filed: February 19, 2004

For: FLY ASH TREATMENT BY IN SITU OZONE GENERATION

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	* 17	MINUS	** 20	0	x 9	\$		x 18	\$0
INDEP	* 9	MINUS	*** 6	3	x 43	\$		x 86	\$258
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145	\$		+290	\$
					TOTAL	\$	OR	TOTAL	\$258

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

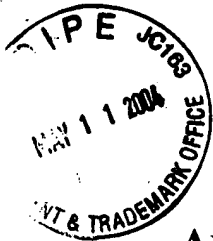
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$258.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 03294-PA-CIP
FORM PTO-1083

Sam Rosen
Reg. No. 37,991

CERTIFICATE OF TRANSMISSION
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.
Date: May 11, 2004
Express Mail Label No.: EY 478843813 US
By:



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EV 478843813 US

Commissioner for Patents
P. O. Box 1450
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Re: Our Docket No.03294-PA-DIV

Dear Sir:

Enclosed herewith please find the following:

1. Preliminary Amendment Under 37 C.F.R. § 1.115
2. Form PTO-1083 duly executed, in duplicate.
3. Our check No. 01589, in the amount of \$258.00, to cover additional claims.
4. Our post card. (Please date stamp and return.)

Thank you for your cooperation and assistance.

Respectfully submitted,

Sam Rosen
Sam Rosen

SR/jjr
Enclosures

<p align="center">CERTIFICATE OF TRANSMISSION</p> <p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.</p> <p>Date: May 11, 2004</p> <p>Express Mail Label No.: EV 478843813 US</p> <p>By: <i>Judy Robertson</i></p>
